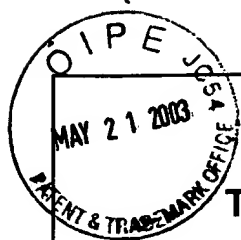


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1742



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GROUP 1700

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	09/787,907
Filing Date	March 29, 2001
First Named Inventor	SHIMA
Examiner Name	Wilkins, III, Harry D.
Group Art Unit	1742
Attorney Docket Number	2922-109

Total Number of Pages in This Submission 8

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                 | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment and Request for Reconsideration | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Declaration under Rule 312                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                            | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                          | <input type="checkbox"/> Terminal Disclaimer  | Table 1  |
| <input type="checkbox"/> Information Disclosure Statement                     | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)               | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  |   |  |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Willem F. C. de Weerd, Reg. No. 51,613				
SIGNATURE		DATE	5/21/03	DEPOSIT ACCOUNT USER ID	